

Mink-Bowman: Project Tracker of Neutral Expert's Recommendations

Recommendations from Dr. Pinals' 10th Report

#	Recommendation Summary	Timeframe for Completion	Status	Update
1	Expand Oregon State Hospital (OSH) Forensic Evaluation Service by Hiring Three (3) Full Time Equivalent Forensic Evaluators	March 2025 – May 2025	Complete	Offers for all three staff positions have been sent and accepted.
2	Establish an Aid & Assist Flexible BH Housing Funds Resource	2 - 3 months from receipt of funding	In Progress	The funding distribution method and reporting process is currently being developed.
3	Aid & Assist SRTF Expansion	Contract execution by May 2025	In Progress	OHA BH is coordinating with Behavioral Health Investments team to develop contracts for Northwest Regional Reentry Center (NWRRC), Lifeworks NW, and Jackson House residential expansion projects. Training curriculums for two forensic process trainings have been developed, including 1) the legal process of A&A and GEI/PSRB populations and service delivery models, and 2), community placement services and supports, levels of care, and OSH's Ready to Place determination. Recommendation integrated into 2.3.d; updates on progress reported here

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#	Recommendation Summary	Timeframe for Completion	Status	Update
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Recommendation integrated into 1.B.6; updates on progress reported here

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Dr. Pinals Comment #1:

#	Dr. Pinals Additional Recommendations in 10 th report	OHA/OSH Update
1	In addition to the recommendations noted in this progress report, this progress report is silent as to my other recommendations.	To be discussed in January 29 meeting. Recommendations and comments now added below.
2	Re-exploration and Clarification of the Mosman Order for admissions limits to OSH.	Legislative concept addresses this recommendation.
3	Socialization of legislative proposals and policy option packages.	The state is recommending this be marked as complete as legislative session is starting.
4	Recommendation 4 on Dr. Pinals 10th Report: Ongoing meetings between the parties and with Amici.	Previous meetings were not productive with AMICI. DOJ responded to Dr. Pinals that they will reach out to amicus on a case-by-case basis. This recommendation is on pause until after the contempt hearing.
5	Recommendation 5 on Dr. Pinals 10th Report: Ongoing review of the cost for a centralized OHA forensic evaluation capacity or combined OHA/OSH forensic evaluation service. I have previously recommended and continued to support the potential establishment of an office for forensic services at OHA that is also touched upon in the above state recommendations.	OHA (and the Governor's Office) performed a cost review analysis and had ongoing meeting to discuss the viability of a centralized OHA forensic evaluation program. It was determined by OHA that a legislative proposal and dedicated funding would be needed to pursue this option. This will require further input and discussion with Dr. Pinals and the parties.
6	Recommendation 6 on Dr. Pinals 10th Report: Review of implementation status of prior and current recommendations: During the next reporting period, the state should be prepared to discuss and review progress on prior and current recommendations. Although there are written regular reports, it will be important to discuss any barriers among the parties and with the Neutral Experts to determine how best to overcome them.	Regular updates on prior and current recommendations are provided to the Dr. Pinals through the Monthly Status report. Plan is to go through all the recommendations at 2-hour meeting on Jan 29 to mark items closed, refine ongoing items, and address any deadlines not met. This occurred with the agreement for ongoing discussion of each item to track progress and update any new recommendations, clarifying which items are complete and which require explanation or a change in milestones.

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#	Dr. Pinals Additional Recommendations in 10 th report	OHA/OSH Update
7	Recommendation 4 on Dr. Pinals 10th Report: Increase in GEI discharge efficiencies: The new data dashboard pertaining to GEIs reveals a number of stages with delays. From initiation of a discharge request up until the time an individual is discharged from OSH far surpasses the 171-day total requirement. This is not acceptable, and flies in the face of Olmstead requirements and must be remedied. Some discharge delays are related to PSRB processes and definitions (some of which are currently being litigated by DRO), but per the dashboard, many if not most of them also pertain to OHA and OSH responsibilities. As such, to make room and space for those who need the OSH resource, I recommend that the state work toward the development of solutions to gain efficiency and ultimately consider rule changes shortening discharge processes overall.	(1) setting new timelines for OSH to complete certain steps in the GEI process; (2) adopted emergency rule that reduces provider timeframes to schedule and conduct a patient interview and to submit a conditional release plan - reduces timeframe from 45 to 30 days; removes loophole that requires the interview to be scheduled within a certain timeframe but doesn't set a timeline to conduct interview, and now explicitly requires the conditional release plan to be submitted within that timeframe; (3) adopted emergency rule that requires denials from providers to also be sent to OHA which allows OHA to monitor compliance with the new prioritization rule. See related recommendation 1.B.8.d below.

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Recommendations from Dr. Pinals 2nd Report as refined in Dr. Pinals 9th Report

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
1.A.1 (1 st half)	Data dashboard: OSH will produce and distribute data dashboards twice per month.	Data dashboard was created and is currently uploaded twice per month. Ongoing updates will continue to get added to the data dashboard and will be uploaded to the Mink/Bowman website.	Ongoing	Ongoing	N/A
1.A.1 (2 nd half)	Data dashboard: OHA, DRO, and MPD should begin to engage with stakeholders to review this data and develop a process to best use this data to inform system change at local levels.	<p>1. Establish standard agenda using data dashboard, RTP list and hospital waitlist for OHA/OSH and county meetings</p> <p>2. Hold first meeting with Multnomah County</p> <p>3. Identify pilot counties to hold monthly meetings</p> <ul style="list-style-type: none"> 3.1 - Define criteria for county selection (likely highest number of individuals on RTP list) 3.2 - Select counties 3.3 - Define attendee list for each meeting <p>4. Implement pilot</p> <ul style="list-style-type: none"> 4.1 - Schedule meetings 4.2 - Facilitate meetings monthly <p>5. Conduct data review</p> <ul style="list-style-type: none"> 5.1 - Review data with Dr. Pinals and Parties <p>6. Integrate RTP Process into CFAA Resolution Process</p> <ul style="list-style-type: none"> 6.1 - Draft Resolution Process 6.2 - Draft OSH/OHA reconciliation process and submit to leadership for approval 6.3 - Implement Resolution Process with Counties and begin data collection 	<p>6/15/23</p> <p>6/30/23</p> <p>8/30/23</p> <p>Ongoing</p> <p>3/31/24</p> <p>7/01/24</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete</p> <p>Complete</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>

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		7. Conduct Final Data Review 7.1 - Present Data to Dr. Pinals	2/18/25	Complete	OHA BHD prioritized the implementation of ECMU. The team is working to get the data report to Dr. Pinals by 2/18/25.
		8. Continue to engage with CMHPs through targeted communication methods reviewing relevant data 8.1 – Share OSH Aid and Assist Data Dashboard with Counties on a biweekly basis 8.2 – Conduct Plan of Resolution meetings with CMHPs	Ongoing	Ongoing	N/A – Milestone was established as of February 2025
1.A.1.a	Oregon Health Authority Behavioral Health (OHA BH) Coordination Integration: Phased Approach to Reinstitute Extended Care Management Unit (ECMU)	1. Complete project pre-work 1.1 - Establish project coordination 1.2 – Prepare Staffing 1.3 – Document lessons learned from previous program 1.4 – Provide progress report to DOJ	1/03/25	Complete	N/A – Recommendation and Milestone established as of February 2025
		2. Develop ECMU Charter to clarify goals, authority	3/24/25	In Progress	N/A – Recommendation and Milestone established as of February 2025 The launch was intended to be at the beginning of March, but this was moved up to December and became the priority. Due to capacity in which we redirect 5 FTE to meet the new launch date, the charter was not developed by the expected date of 2/28/25. The new timeline is as follows: draft completed by 3/11/25, two rounds of review completed by 3/21 to be submitted to Dr. Pinals by 3/24/25
		3. Conduct partner and community engagement 3.1 – Develop Communications plan 3.2 - AOCMHP 3.3 – OCBH (Oregon Council of BH) 3.4 – CMHP Directors and Aid and Assist Liaisons 3.5 – PSRB	3/01/25	Complete	N/A – Recommendation and Milestone established as of February 2025

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
5.	5. Launch ECMU (Full Implementation)	<p>5.1 – Start initial engagement with community on individuals on RTP list (February 2025) (<i>Completed as of 12/26/24</i>)</p> <p>5.2 – Implement Emergency Rules (<i>Completed as of 1/17/25</i>)</p> <p>5.3 – Complete contract development with residential providers who do not currently contract with OHA within the identified pilot counties</p> <p>5.4 – Complete policy and procedure development</p>	9/30/25 (due to 5.3)	In Progress	<p>N/A – Recommendation and Milestone established as of February 2025</p> <p>5.3. Contracts with SRTFs are complete. NWRRC contract is in process with expected effective date 4/15/2025. Contracting with all residential providers within the pilot area is being reviewed as one of several options that will have the most positive impact on the system. A Residential Workgroup has been initiated. As this is a significant systems change, it includes many variables that must be addressed intentionally, including funding payment, community engagement, rules, and contract management. This process is expected to be complete by 9/30/25</p> <p>5.4 policies and procedures are being drafted and new information is added to reflect new insights gained throughout the pilot phase. Expected completion by April 30, 2025.</p>
6.	6. Conduct ongoing ECMU Care Coordination oversight and consultation	<p>6.1 – Establish recurring meetings with pilot counties to review RTP data and conduct care coordination reviews</p> <p>6.2 – Conduct as needed targeted meetings with counties to support care coordination</p> <p>6.3 – Monitor discharge planning and RTP data on a recurring basis to conduct necessary follow up to address identified barriers to community placement</p>	Ongoing	Ongoing	N/A – Recommendation and Milestone established as of February 2025

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
1.A.2	Data staff: OHA should submit POP to legislature to fund additional Data Technician for expansion of data development.	<p>1. Finalize position description (PD)</p> <ul style="list-style-type: none"> 1.1 - Draft position description using template 1.2 - Have select team members review PD for content 1.3 - Send to management for PD review and approval <p>2. Post position for hire</p> <ul style="list-style-type: none"> 2.1 - Send finalized and approved PD to HR for posting. 2.2 - Review/edit as HR sees fit 2.3 - HR to forward to DAS for review 2.4 - DAS approves 2.5 - Upload to Workday site for required period of time <p>3. Hire position</p> <ul style="list-style-type: none"> 3.1 - Post to Workday for recruitment 3.2 - Review submitted applications for minimum qualifications 3.3 - Conduct interviews 3.4 - Extend offer 3.5 - First day by on job 	8/31/23	Complete	N/A
1.A.3	Data sharing: OHA/OSH should work in partnership with OJD to examine best mechanisms to share their own data and utilize regular data reports from each entity to mutually inform practices.	<p>1. Data Warehouse team to run current report using data pulled from e-court and will send to OHA/OSH teams</p> <p>2. OHA/OSH team to review Data Warehouse data for alignment with Neutral Expert data sharing request elements and attempt to produce reports</p> <ul style="list-style-type: none"> 2.1.a - If data aligns with current need, the data team will create ongoing reports to be uploaded to Mink/Bowman website 2.1.b - If useful data is not able to be pulled from data warehouse, this will become an agenda item for discussion with Dr. Pinals and all parties if appropriate 	7/20/23 11/1/23	Complete Complete	N/A N/A

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		3. OHA/OSH to evaluate whether new codes that OJD is creating can be used. (Note: this goal is dependent upon OJD and OHA's ability to access court data). 3.1 - OHA and OJD to update DUA based on additional fields needed (<i>Completed as of 8/27/24</i>)	6/30/24	Complete	N/A - The team has reworked the milestone language to focus on the finalized DUA including the additional needed fields.
		4. OHA to review data currently available from the OHA data warehouse that is supplied by OJD/E-Court. Further data sharing agreements and analysis will be considered after initial review of available data 4.1 - OJD is creating new codes to be tracked in Odyssey system, which may make it easier to track outcomes and dispositions for Aid and Assist (A&A) clients. (<i>Completed as of 1/1/24</i>) 4.2 - Analysis of new codes to be completed to determine any additional data needs for new codes (<i>Completed as of 3/07/24</i>) 4.3 – Evaluate data quality of new codes (<i>Completed as of 10/24/24</i>) 4.4 – Coordinate with OJD to address identified data quality issues	5/15/25	In Progress	There has been a delay with receiving the complete A&A data from OJD. The received data is incomplete and the team is coordinating with OJD to improve data quality. OJD has a 2 week approval process to send data and this process is included in the estimated timeline.
		5. OHA to develop initial report with A&A data 5.1 – Provide initial summary data to Dr. Pinals 5.2 – Review summary data with Dr. Pinals and receive feedback 5.3 – Develop draft report based on feedback	8/01/25	In Progress	N/A – Milestone established as of February 2025.
1.A.4	Data sharing: OHA/OSH should develop and	1. Website developed and updated regularly: https://www.oregon.gov/oha/OSH/Pages/mink-bowman.aspx	7/15/24	Ongoing	N/A

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	update a public-facing Mink/Bowman website to inform stakeholders, including any information that would help the public understand this matter and progress towards compliance.	<p>2. Determine public funding information which will be added to the website</p> <p>2.1 - ISU team will review public funding information (i.e.- grants, contracts, RFA's, CFAA) and will vet with BH Leadership. This will include funds shared to each county via RFA.</p> <p>2.2 - Check with OHSU about adding their bed capacity study to the website (i.e., whether and when it is shareable)</p> <p>2.3 - Vetted information to be uploaded to existing Mink/Bowman website.</p> <p>3. Provide annual updates on currently posted funding sources with additional updates as needed when new funding streams begin</p> <p>3.1 - Annual update to take place in July every year to align with fiscal year changes</p>	7/15/24	Complete	N/A
1.B.1 (1 st half)	Standardized Assessments: OHA/OSH should develop standardized assessment processes that support LOC determinations without overlying on a single score.	<p>1. Provide mock-up of new form to plaintiffs</p> <p>1.1 - Provided outline of information courts will receive in place of the LOCUS</p> <p>2. Complete training for OSH clinical staff involved in process</p> <p>3. Implement new clinical packet process</p>	<p>6/30/23</p> <p>7/31/23</p> <p>8/2/23</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
1.B.1 (2 nd half)	Standardized Assessments: OHA should convene key partners to review the standardized process and make	<p>1. Develop form to share with courts in HLOC packet, end statutory jurisdiction packet and discharge packet</p> <p>1.1 - LOCUS score will be replaced by a narrative describing client need, along with clinical information courts can use to make a more informed decision</p>	8/2/23	Complete	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	final recommendations. Implement rule changes if needed.	2. Convene partners in aid and assist discharge process to assess effectiveness of the OSH clinical progress update for decision making 2.1 - Meet with partners/collaborators including OJD, AOCMHP, Dr. Pinals, and parties to assess and develop needed revisions 3. (If major revisions required) Explore OAR and/legislative changes	5/30/24	Complete	N/A
1.B.2 (1 st half)	Shift of court notification practice: OHA should re-establish prior policy and discharge .370 defendants back to the committing county upon a forensic evaluation of "able."	This item is complete	6/1/23	Complete	N/A
1.B.2 (2 nd half)	Shift of court notification practice: Individuals opined as "never able," or "med never" should be further studied for potential process change to support direct community discharge with CMHP assistance rather than routing back to jail.	This item is currently paused for data collection/analysis	n/a	Paused	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
1.B.3.a	Clinical reviews of utilization of OSH beds: OSH should develop plans for prioritization of early referrals for evaluations of persons in Aid and Assist process at OSH.	This item is complete	6/1/23	Complete	N/A
1.B.3.b	Clinical reviews of utilization of OSH beds: OSH should develop plans for prioritization of earlier reviews for Hospital Level of Care (HLOC) determinations for AA patients at OSH to clinically determine readiness for stepdown or discharge as early as possible.	This item is complete	6/1/23	Complete	N/A
1.B.4	Training: Plaintiffs, OJD, and OHA should develop education for defense, prosecution, and judiciary regarding the importance of maximizing the use of diversion from Aid and Assist processes	This item was cancelled in agreement by All Parties	n/a	Canceled	N/A

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	for misdemeanant defendants and for those defendants for whom prosecution is not likely to be pursued.				
1.B.5	Coordination with ODDS: OHA, OSH, APD, and ODDS should meet to identify improvements for timely discharge from OSH and diversion for individuals with IDD in the Aid and Assist and GEI processes to appropriate community alternatives.	<p>1. Director of Social work at OSH has met with ODDS regularly to discuss improvements to discharge and diversion from OSH of clients with IDD diagnosis</p> <p>2. Senior Leadership from OHA to have an initial level setting meeting with Senior Leadership at ODDS to identify barriers and system improvements needed to increase/improve access to DD services for individuals who are engaged in competency restoration</p> <ul style="list-style-type: none"> 2.1 - OHA Senior Leadership to meet and determine a meeting time and an agenda for the meeting with ODDS <p>3. Create cross agency work group to identify barriers and system improvements needed to increase/improve access to DD services for individuals who are engaged in competency restoration</p> <p>4. Workgroup to create work plan and timeline to address needs identified in Milestone 3 meetings</p> <ul style="list-style-type: none"> 4.1 – OHA to identify APD staff and support to be involved in this effort 	<p>6/30/23</p> <p>8/4/23</p> <p>12/1/23</p> <p>3/31/25</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>In Progress</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>On 2/05/25, the State and Dr. Pinals agreed that OHA will look to bring APD into this work as well as provide an updated workplan to Dr. Pinals by 2/28/25.</p> <p>This workgroup is being revamped to include APD as well as the other parties previously outlined. The subcommittees were asked to select three priorities from the list of recommendation to create intentional focus for this redeveloped group. Feedback on these priorities is due</p>

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					3/7/2025 and the redevelop workgroup meeting is in the process of being schedule before 3/31/25.
1.B.6	Development of community navigator model: OHA should develop a model to create "community navigators" to support individuals sent for restoration as they transition from OSH into community settings.	1. Select Community Navigator Model 1.1 - Facilitate workgroup review of navigator models 1.2 - Identify model that aligns with the intent of community navigators 1.3 - Draft model recommendation for Dr. Pinals 1.4 - Incorporate feedback from Dr. Pinals 2. Select pilot sites for Community Navigator pilot 2.1 - Identify potential pilot sites 2.2 - Schedule pilot introduction and collaboration session(s) with pilot sites 2.3 - Review of pilot with AOCMHP and incorporate feedback 2.4 - Request to OHA leadership to expand the scope of the pilot to include (1) individuals in community restoration, (2) pilot sites 2.5 - Outreach to CMHPs based on Aid & Assist caseload counts 2.6 - Identify six pilot sites 2.7 - Confirm pilot sites 3. Identify and develop training materials and plan 3.1 - Meet with pilot sites to identify training needs for staff and navigator model. 3.2 - Develop training materials. 3.3 - Schedule training dates for pilot sites 3.4 - Complete initial trainings 4. Develop data collection and reporting methods 4.1 - Review data currently reported by pilot sites	11/15/23	Complete	N/A
			4/30/24	Complete	N/A
			1/31/24	Complete	N/A

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		4.2 - Incorporate data elements necessary for evaluation purposes including the examination of recidivism to OSH for Aid and Assist restoration 4.3 - Incorporate feedback from Dr. Pinals 4.4 - Formalize data reporting process 4.5 - Communicate process to pilot sites			
	5. Start Implementation	5.1 - Monthly or quarterly meetings and technical assistance with pilot sites 5.2 - Ongoing review of support and training needs	Ongoing	Ongoing	N/A
	6. Conduct mid pilot review	6.1 - Conduct data review 6.2 - Conduct partner/collaborator meetings: Pilot sites listening & feedback sessions 6.3 - Meet with Dr. Pinals to review and obtain feedback 6.4 - Incorporate feedback from pilot sites and Dr. Pinals	9/30/24 3/31/25	In Progress	Mid-pilot review delayed due to need to integrate feedback from AOCMHP in pilot site selection and delays in hiring at pilot sites, leading to delays in pilot implementation.
	1. Identify 2 Regional Expansion Pilot Sites	1.1 – Pull OSH census by County 1.2 – Review OSH census data and determine regional pilot sites 1.3 – Schedule and Conduct pilot introductions and collaboration session with CMHPs identified 1.4 – Confirm regional sites	2/07/25	In Progress	
	2. Distribute funds to regional sites	2.1 – Enter amendments into CLM	8/01/25	Not Started	
	3. Implement regional site expansion	3.1 – Complete hiring at pilot sites 3.2 – Complete OSH background check 3.3 – Hold kick off meeting with new pilot sites	2/01/26	Not Started	

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		3.4 – Schedule weekly meetings with new pilot sites for TA and support 3.5 – Schedule training dates for new pilot sites 3.6 – Complete trainings 3.7 – Invite new pilot sites to quarterly meetings 3.8 – Provide ongoing support and technical assistance to pilot sites			
		7. Conduct final data review, continuation for statewide expansion 7.1 - Data review; integrate findings/recommendations with Contingency Management MH Block Grant pilot 7.2 - Conduct partner/collaborator meetings: Pilot site listening & feedback sessions 7.3 - Meet with Dr. Pinals to review and obtain feedback 7.4 - Incorporate feedback from pilot sites and Dr. Pinals	8/31/25	Not Started	<p>Mid-pilot review is active and result of this review will determine if modifications are needed for expansion. Partner/Collaborator meetings will occur in July and new provider engagement/selection is in progress per 6.1.</p> <p>Please note: Medicaid team would like to meet with Dr. Pinals to provide project background prior to proposing recommendation language and linking the community navigators to the 1115 carceral implementation work. However, this will not impact expansion timeline.</p>
1.B.7.a	Consultation/Expedited admission and diversion processes: Expedited admission service: Modify expedited admission processes to emphasize consultative availability upon request regardless of referral source.	This item was completed	6/1/23	Complete	N/A

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1.B.7.b	OHA will monitor the OSH waitlist & weekly. If the waitlist exceeds 10 days, OHA will initiate jail diversion meetings with CMHP to review current symptoms and explore appropriate alternative community restoration services, if available.	1. Develop OSH waitlist review process between OSH and ISU 1.1 - Identify OSH contact to provide a weekly report to ISU complex case coordinator (CCC). 1.2 - CCC will review report weekly for individuals with wait times exceeding ten days. <i>Ongoing</i> .	11/1/23	Complete	
1.B.7.c		2. Develop CMHP outreach process 2.1 - CCC will initiate contact with CMHP for identified individuals requesting a status update and if appropriate alternative community restoration services are available 2.2 - To initiate a timely intervention OSH diversion meeting may be combined with RTP/EOC meetings. (<i>Completed as of 11/1/23</i>)	Ongoing	Ongoing	N/A
		3. Develop case tracking system 3.1 - Integrate Jail/OSH diversion data into the current RTP/EOC tracking mechanism	11/1/23	Complete	N/A
		4. 90-day review	2/1/24	Complete	N/A
1.B.8.a	Improvements in GEI community placement elements: OHA &	1. Complete draft proposal and present to relevant parties for feedback 1.1 - Present to BHD leadership and receive feedback	8/31/23	Complete	N/A
1.B.8.b	1.B.8.b should explore means to provide additional resources for community providers to prepare timely discharge plan for GEI patients including evaluations by CMHPs. This will	1.2 - Present to PSRB leadership and receive feedback 2. Complete draft rules, standards, internal processes, and agreements 2.1 - Complete draft standards for the thoroughness of an evaluation. 2.2 - Complete draft data sharing agreement between OHA and PSRB 2.3 - Complete draft process for HSD reviewing completed evaluations	12/31/23	Complete	N/A

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	include devising a funding mechanism to pay for evaluations by CMHPs as ordered by the PSRB. This may include a base rate for completing evaluations within 30 days.	2.4 - Complete draft rule changes adjusting timeline for evaluation completion 2.5 - Complete draft standards for provider communication of vacancies and establishing of waitlists			
	Improvements in GEI community placement elements: OHA should present a plan to ensure that community evaluations are scheduled within 15 days of receipt of the order and completed within 45 days. Take all reasonable steps to implement such a plan and secure funding needed to implement it.	<p>3. Initiate processes to make identified changes to rules, contracts, and budget</p> <ul style="list-style-type: none"> 3.1 - Schedule initial meeting with Behavioral Health rules coordinator 3.2 - Identify budget source for evaluation completion incentive 3.3 - Schedule initial meeting with contract manager <p>4. Present draft rules, standards, processes, and agreements to relevant parties for approval</p> <ul style="list-style-type: none"> 4.1 - Hold community engagement sessions prior to initiating permanent rule process 4.2 - Present to OHA-HSD leadership for approval 4.3 - Present to PSRB (i.e., Dr. Bort) leadership for approval <p>5. Complete permanent rule process</p> <ul style="list-style-type: none"> 5.1 – Hold community engagement sessions prior to initiating permanent rule process 5.2 – Update rules based on feedback received from Dr. Pinals 5.3 – Work with HSD rules coordinator to complete permanent rule process 	1/31/24	Complete	N/A
			3/31/24	Complete	N/A
			5/01/25	In Progress	N/A – New milestone established as of February 2025. This relates to the emergency rule listed above.

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
1.B.8.c	OSH will develop a policy/protocol that delineates categories of individuals who may be appropriate for more direct/expedient community discharges, ensuring that protocols and processes regarding decisions are made based on person-centered and least restrictive alternative options.	<p>1. Risk Review will continue to use a person-centered approach to make recommendations for gaining privileges and will share that approach with PSRB</p> <p>1.1 - OSH will revise its risk review policy to explicitly incorporate this approach</p> <p>2. OSH will develop policy/protocol that delineates categories of individuals who may be more appropriate for more direct/expedient community discharge</p> <p>2.1 - OSH will share its current PSRB data and Length of Stay data with parties (ongoing)</p> <p>2.2 - OSH will revise its risk review policy to incorporate a more expedient approach to conditional release for PSRB clients who have recently been revoked or otherwise do not need to take a stepwise progression through phases of privileges</p>	10/17/23	Complete	N/A
1.B.8.d	Improve GEI processes to reduce reliance on OSH when not clinically appropriate.	<p>1. A supervising OSH Risk Review Social worker will continue to meet at least twice monthly with the PSRB Executive Director and HSD GEI/PSRB Operations and Policy Analyst Three to:</p> <ul style="list-style-type: none"> • Discuss current state of PSRB placements • Review Community vacancies • Problem-solve complex case and systemic issues creating barriers to discharge • Serve as a liaison to Risk Review committee and the PSRB Attend Monthly statewide meetings <p>2. A supervising Risk Review Social worker and/or the Director of Social Work monitor revocations on an ongoing basis and clients reaching End of Jurisdiction (EOJ) beginning one year from EOJ to ensure appropriate planning and community engagement</p>	Ongoing	Ongoing	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		<p>3. Establish a series of three to five (3-5), 1.5-hour meetings to explore opportunities to improve GEI processes and to reduce reliance on OSH bed days in partnership with DRO, OSH, HSD, PSRB and the neutral expert</p> <p>3.1 - Complete facilitating meetings. <i>(Completed as of 3/08/24)</i></p> <p>3.2 – Set new deliverables and assign ownership and completion dates of any improvements identified.</p>	6/30/24	Complete	<p>N/A – On 1/29/25 Dr. Pinals agreed that this milestone can be marked as complete</p> <p>Please note additional milestone language outlining efforts towards GEI discharge efficiencies to be made post meeting with Dr. Pinals and team developing a workplan. This is described above.</p>
1.B.9.a	Discharge process prioritization: Informal support. General counsel for OSH should continue efforts to support compliance with SB 295 through communications with defense lawyers and prosecutors. MPD will also make themselves available to try and intervene with defense lawyers to ensure they follow SB 295.	This work is ongoing and does not have planned milestones	Ongoing	Ongoing	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
1.B.9.b	Discharge process prioritization: Advocacy. DOJ will continue evaluating cases on a state-wide basis for direct legal intervention on behalf of OSH where SB 295 is not being followed by state courts or CMHPs.	This work is ongoing and does not have planned milestones	Ongoing	Ongoing	N/A
1.B.9.c	Rulemaking and Reduced Reliance on Single Solutions for Discharge. OHA shall amend the OARs applicable to AA Ready-to-Place defendants to clarify that the treating clinical team's clinical recommendations primarily guide discharge planning.	<p>1. Draft OARs for revision</p> <ul style="list-style-type: none"> 1.1 – Review relevant OARs and Mink/Bowman recommendations. 1.2 – Create initial draft of OARs. 1.3 – Obtain OHA leadership permission to move forward with permanent rule process. 1.4 – Leadership review of initial draft. 1.5 – Incorporate leadership feedback. 1.6 – Review PDES report for discharge related content and incorporate changes. 1.7 – Review finalized CFAA as well as Draft CRP Manual from Recommendation 2.3.a for changes or other relevant rules to change during the permanent rule process 1.8 – Leadership Review of Final Draft. 1.9 – Obtain feedback from Dr. Pinals, and Parties and finalize draft <p>2. Complete permanent rule process</p> <ul style="list-style-type: none"> 2.1 – Hold community engagement sessions prior to initiating permanent rule process 2.2 – Work with HSD rules coordinator to complete permanent rule process 	<p>5/01/24</p> <p>8/31/24</p>	<p>Complete</p> <p>Complete</p>	<p>N/A</p> <p>N/A</p>

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		3. Complete training for stakeholders on new rules and expectations 3.1 – Review relevant rule changes to inform training materials 3.2 – Develop training material to present to partners/collaborators around clarification of new OAR 3.3 – Schedule and present training	10/31/24	Complete	N/A
1.B.10	Forensic evaluation quality and	1. OJD to develop GAINS Workgroup report to inform Legislative workgroup	8/15/24	In Progress	N/A. GAINS report is with OJD. See Dr. Pinals recommendation to study centralized evaluation system instead.

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	<p>efficiencies: OHA/OSH should continue to support work to develop improved infrastructure and efficiencies for forensic evaluations. OJD has agreed to lead in the writing of a report, and Parties in the Mink/Bowman matter should review and refine.</p> <p>The Mink Restoration Limits and Exceptions Workgroup sponsored by OHA should take on the opportunity to improve evaluation services through legislative remedies or other strategies</p>	<p>2. Evaluation system improvements recommendations will be finalized based on charter for Mink Restoration Limits and Exceptions Workgroup</p>	1/01/25	Complete	N/A
1.B.11	OHA shall draft an analysis report that reviews the current state of care coordination operations for adults under an Aid & Assist Competency	<p>1. Conduct requirements review</p> <ul style="list-style-type: none"> 1.1 – Complete OAR review 1.2 – Complete 2024 CCO contract review 1.3 - Complete 2024 FFS Care Coordinator contract review 1.4 - Complete 2024 CMHP contract review 1.5 - Complete 2024 Comagine Contract review 1.7 – Draft Analysis Report 	7/30/24	Complete	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	Restoration order discharging from OSH to the community, and separately those discharging from OSH to jail.	1.6 – Review of 2023 IQA Audit & integration of Corrective Action Plan to issues related to the LSI and Comagine	10/31/24	Complete	N/A
		2. Circulate analysis report draft for review 2.1 – Circulate analysis report for review 2.2 – Complete OHA Medical leadership review 2.3 – Complete OHA BH and Medicaid leadership review 2.4 – Complete OSH Social Work leadership review 2.5 – Complete PSRB review 2.6 – Complete Dr. Pinals review 2.7 – Incorporate feedback from reviews	10/31/24	Complete	N/A
		3. Final analysis report due	11/01/24	In Progress	N/A
		4. Submit recommendations for consideration in the CCO, FFS care coordination, and Transition of Care (TOC) rules 4.1 – Submit recommendations for consideration in the CCO rules 4.2 – Submit recommendations for consideration in the FFS care coordination rules 4.3 – Submit recommendations for consideration in the TOC Oregon Administrative Rules	6/4/25	Not Started	On 3/4/25, OHA received Dr. Pinals feedback on the care coordination analysis report. OHA requests 3 months to review the feedback and meet with Dr. Pinals before finalizing recommendations regarding OAR and contract language to support delivery of care coordination/transition services for individuals discharging from OSH and carceral facilities.
1.B.12.a	OHA will continue to pursue the 1115 Medicaid Demonstration waiver submitted in 2/2022 requesting the	1. Conduct 1115 waiver carceral negotiations with CMS 1.1 – Complete CMS negotiations 1.2 – Draft Standard Terms and Conditions (STC) with CMS (<i>Completed as of 6/17/24</i>) 1.3 – Complete State review of draft STC (<i>Completed as of 6/17/24</i>)	Dependent on CMS	In Progress	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change	
	authority to provide Medicaid funding for a limited set of services in non-SUD IMD, i.e., OSH.	<p>1.4 – Complete CMS post approval protocol submission</p> <p>1.5 – Complete CMS post approval protocol negotiations</p> <p>1.6 – Finalize post approval protocols between state and CMS</p> <p>2. Conduct 1115 waiver carceral implementation planning</p> <p>2.1 – Develop a staffing and project plan (<i>Completed as of 9/05/24</i>)</p> <p>2.2 – Request state general funding for federal match via rebalance or legislative session</p> <p>2.3 – Complete CCO contract amendment</p> <p>2.4 – Complete FFS care coordination procurement</p> <p>2.5 – Complete MMIS system changes</p> <p>2.6 – Complete ONE system changes</p> <p>2.7 – Complete Oregon Administrative Rule development</p> <p>2.8 – Complete Process development</p>		Dependent on CMS	In Progress	N/A
1.B.12.b	OHA will develop a request for the 2025 legislative assembly to fund care coordination services for adults discharging from the OSH to community or jails. This may include an assessment of the Community Navigator pilot currently in development under 2023 legislatively allocated resources.	<p>1. Submit 2025 legislative request</p> <p>1.1 – Develop high level Policy Option Package (POP) concept (<i>Completed as of 4/16/24</i>)</p> <p>1.2 – Develop budget needs (<i>Completed as of 4/16/24</i>)</p> <p>1.3 – Draft a POP (<i>Completed as of 4/16/24</i>)</p> <p>1.4 – Circulate the POP for feedback among partner agencies (<i>Completed as of 7/24/24</i>)</p> <p>1.5 – Submit the POP</p>	6/31/24	In Progress	<p>Medicaid team would like to meet with Dr. Pinals to provide project background prior to proposing recommendation language and linking the community navigators to the 1115 carceral implementation work.</p> <p>The Medicaid-specific POP outlined in recommendation 1.B.12.b. was not prioritized in the 2025-27 budget development cycle. The recommendation advises developing a request to fund care coordination services for adults transitioning from the Oregon State Hospital (OSH) to the community or jails. The state believes that the expansion of the Community Navigator program which is moving forward fulfills the requirements and intent of this recommendation.</p>	

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		2. Develop an engagement strategy with legislative assembly, OSH, DOC, OYA county/regional adult & youth carceral facilities, advocacy, ODHS, etc. in the form of talking points and presentation that addresses reason, need, impact, monitoring etc.	12/31/24	Not Started	Medicaid team would like to meet with Dr. Pinals to provide project background prior to proposing recommendation language and linking the community navigators to the 1115 carceral implementation work.
1.B.13	Substance use disorder treatments: Expand access to substance use treatment including medications for addiction treatment (MAT) and contingency management in residential and community programs that serve people under AA orders. Incorporate these services into the refinements of services offered for people in Community Restoration Programs (CRPs).	<p>1. Train on contingency management (CM) practices and consider relevance for use at OSH</p> <ul style="list-style-type: none"> 1.1 – OSH trainings begin on CM 1.2 – OSH trainings completed on CM/recap discussion with workgroup – feedback, comments, suggestions for future directions 1.3 – OSH to consider if CM programming has relevance for use at OSH, based on training feedback <p>2. Implement CM practices in community settings</p> <ul style="list-style-type: none"> 2.1 – Continue providing CM in 6 community agencies via existing initiative 2.2 – Evaluate successes/barriers based on existing services and make recommendations for improvements 2.3 – Discuss with OHA M110 staff opportunity to include CM in Behavioral Health Resource Networks (BHRNs) 2.4 – Discuss with Medicaid leadership a timeline for billing pathways to be set up with CM 2.5 - Recruit providers for fall CM training cohort with Northwest ATCC <p>3. Include OSH teams on the statewide ASAM training</p>	6/15/24 9/01/24 2/26/24	Complete Complete Complete	N/A N/A N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		4. OHA to establish continuity of care for discharging patients with SUD from OSH 4.1 - SUD subject matter experts engage and collaborate with discharge planning staff (at OSH and in community) to include training community providers in Aid and Assist legal processes and requirements 4.2 - Identify key partners/collaborators who need to be engaged to support effective continuity of care (<i>Completed as of 08/07/24</i>) 4.3 - Identify roles and responsibilities of key partners/collaborators in continuity of care (<i>Completed as of 08/07/24</i>) 4.4 - Develop draft workflow to ensure that patients with SUD discharged from OSH receive needed SUD treatment integrated or concurrent with other care needs in a timely manner	7/31/24	In Progress	N/A
1.B.13	Substance use disorder treatments: Similarly for the OSH population, foster greater focus on substance use treatment services for individuals in AA and GEI processes. Incorporate these services into the refinements of services offered for people in Community	1. OSH obtained additional training for a small group of OSH staff on SMART recovery and have increased access to this group service 2. Train a larger group of psychology, treatment services, and social work staff in Wellness Recovery Action Planning (WRAP). This will increase access to both group and individual WRAP services. 3. Train non-clinicians to provide legal education to patients, which in the long-term will reduce clinician time in that work and afford more time to provide higher skilled clinical work, including SUD services. We are working to get staff who have completed classroom training effectively paired with existing group leads to co-lead groups to complete the training process for those individuals.	8/1/23 Initiate July 2023	Complete Complete	N/A N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	Restoration Programs (CRPs).	<p>4. Launch a RPI related to improving group-based treatment centered on the different jurisdictions of our patients and the unique barriers to discharge/transition for Aid and Assist, PSRB, and civil jurisdictions. This will include consideration of group SUD services and the role of addiction as a barrier to discharge/transition for different jurisdictions.</p> <p>4.1 – Provide update on Jurisdictional Treatment project status post go-live after three months to Dr. Pinals</p> <p>5. Work toward re-initiating a CADC training academy with a tentative goal for a cohort to begin in 2024 (contingent on positions and staffing). This program trains existing hospital staff in different positions to provide SUD services and requires that they commit to providing 2-4 hours.</p> <p>5.1 - Initiate training academy planning</p> <p>5.2 – Relaunch next CADC cohort</p> <p>6. Operationalize MAT protocols within OSH</p> <p>6.1 – Review state and federal law and rule relating to provision of MAT.</p> <p>6.2 – Provide education/training/resources for OSH staff around MAT</p> <p>6.3 – Develop workflow for patient initiation onto MAT.</p>	8/01/25	In Progress	The Jurisdictional Treatment project is ongoing with an anticipated go-live date of April 07, 2025, with more SUD group offerings than in our present mall (for both PSRB and A&A populations).
			10/01/24	Complete	N/A
			Initiate Mar 2024	Complete	N/A
1.B.14	Community Restoration Program access: OHA should conduct an inventory of the current status of CRPs and their statewide availability across all counties and present findings.	<p>1. Review CRP survey from 2022 and make any necessary changes</p> <p>1.1 – Consult HSD program staff and leadership</p> <p>1.2 – Consult with AOCMHP</p> <p>2. Draft and send email to CMHPs requesting completion of the CRP survey</p> <p>3. Collate submitted data and distribute to relevant parties</p>	8/1/23	Complete	N/A
			10/11/23	Complete	N/A
			12/13/23	Complete	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	Prioritize plans to address any gaps in these services.				
2.1.a	<p>Duration of Competence Restoration: The parties should work jointly with willing stakeholders to propose new legislation that decreases the maximum restoration time limits. Time for both inpatient and community restoration services should be limited for misdemeanors, felonies, and serious violent felonies.</p>	<p>1. OHA to establish a workgroup to include CMHP's, Das, OHA, OSH, OJD, DRO, MPD, Forensic Evaluators</p> <ul style="list-style-type: none"> 1.1 – Draft and establish work group charter, including attendee list and meeting cadence 1.2 – Draft and establish communications plan <p>2. OHA to establish a fully vetted legislative proposal</p> <p>3. OHA to submit legislative bill during 2025 legislative session</p> <ul style="list-style-type: none"> 3.1 – Conduct formal amendment process to finalize legislative bill language 3.2 – OHA BHD and Government Relations to attend and participate in Forensic Behavioral Health Legislative Workgroup 	10/31/23 1/1/25 6/27/25	Complete In Progress In Progress	N/A N/A – milestone was established as of February 2025. OHA has drafted bill language to codify the recommendations in the Pinals report into state law. This language has been transmitted to the Legislative Counsel's office, which will use it to draft the formal amendment to be introduced (so the exact text may vary from OHA's language, but the substance will be unchanged). It will be a proposed amendment to HB 3051, which is the placeholder bill OHA requested before the session. HB 3051 has been referred to the House Judiciary Committee. Representative Jason Kropf, the chair, has agreed to introduce the amendment for consideration by the committee.

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
2.1.b	Duration of Competence Restoration: The court in making its findings should rely upon clinical opinions, and the forensic evaluators in rendering opinions of restorability should provide compelling clinical data to support a likelihood beyond probability that the defendant shall regain their capacity to A&A at the end of restoration period.	See 2.1.a Note: This is happening now within OSH due to federal court order that limits OSH length of restoration across charge categories.	1/1/25	Not Started	N/A
2.1.c	Restoration across multiple charges should be consolidated and contiguous consecutive periods of restoration should be eliminated unless there are new charges after an initial period of restoration.	See 2.1.a	1/1/25	Complete	N/A
2.1.d	Aid and Assist progress/periodic Aid and Assist reports should be brief, relying on more complete	See 2.1.a	1/1/25	Complete	As of 1/29/25 State and Dr. Pinals agreed to mark this recommendation as complete

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	evaluations made for the initial findings of a defendant being Unable to Aid and Assist. The brief periodic update reports should be done at intervals. Aid and Assist progress updates should be filed as soon as feasible.				
2.1.e	Duration of Competence Restoration: Further explore opportunities for defendants found Unable to Aid and Assist or "Med Never" to ensure access to appropriate services.	<p>1. OHA to develop presentation overviewing opportunities and present to All Parties</p> <p>1.1 – SDOH manager and her team will work on a presentation for the parties outlining how the \$130 million approved by the legislature for residential services was awarded and where new facilities will be coming online</p> <p>1.2 – OHA/OSH will review presentation forward to leadership for approval</p> <p>2. Provide presentation to All Parties</p>	7/14/23	Complete	N/A
2.2	Finances Regarding State Hospital Utilization: Parties should work with legislators and others to add incentives to the proposed cost sharing program with CMHP or develop alternative similar fiscal approaches. Counties and	<p>1. OHA will engage a consultant to study county or CMHP incentive programs or other cost-sharing models to address the ready-to-place list after a determination that a patient no longer meets criteria for hospital level of care</p> <p>2. OHA will convene impacted partners to review results of study</p>	11/21/23 Oct 2025 Jan 2026	Complete Not Started Not Started	N/A N/A N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	CCOs should also share in both the risk and incentives aimed at reducing length of stay for individuals in the AA and GEI processes on the RTP list.				
2.3.a	<p>Community Restoration Program Refinements: OHA should develop a CRP manual, delineate best practices across regions, engage in training, develop standard court forms. Develop standard protocols to reduce ambiguity or perceived overlap with other funded behavioral health services.</p>	<p>1. Complete initial draft of community restoration manual</p> <ul style="list-style-type: none"> 1.1 – Review current training material 1.2 – Review relevant ORS and OAR 1.3 – Have ISU lead review initial draft 1.4 – Have OSH SW director review initial draft <p>2. Obtain and incorporate feedback from Dr. Pinals and parties</p> <ul style="list-style-type: none"> 2.1 – Provide Dr. Pinals and parties an overview on the initial manual draft 2.2 – Review and incorporate Dr. Pinals and parties' feedback into the initial draft 2.3 – Review PDES Report and incorporate appropriate changes including any additional identified best practices. This may require further research. 2.4 – Review finalized CFAA and incorporate any needed changes to align CFAA with contract <p>3. Review and incorporate stakeholder feedback</p> <ul style="list-style-type: none"> 3.1 – Provide presentation to AOCMHP on the draft CRP manual 3.2 – Incorporate feedback <p>4. Complete permanent rule process in alignment with 1.B.9.c</p> <ul style="list-style-type: none"> 4.1 – Review relevant rules and Dr. Pinals recommendations from 2.3.a and 1.B.9.c as well as PDES report and CFAA 	<p>7/31/23</p> <p>1/31/24</p> <p>3/29/24</p> <p>9/30/24</p>	<p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete</p>	<p>N/A</p> <p>N/A</p> <p></p> <p>N/A</p>

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		<p>4.2 – Hold community engagement sessions prior to initiating permanent rule process</p> <p>4.3 – Work with HSD rules coordinator to complete permanent rule process</p> <p>4.4 – Edit CRP manual to align materials with permanent rules</p> <p>5. Conduct final stakeholder review</p> <p>5.1 – Provide presentation to Dr. Pinals and parties on final draft version of CRP manual and incorporate their feedback</p> <p>5.2 – Provide presentation to AOCMHP on final draft version of CRP manual and incorporate their feedback (<i>Completed as of 12/13/24</i>)</p> <p>5.3 – Provide presentation to OJD on final draft version of CRP manual and incorporate their feedback (<i>Completed as of 12/23/24</i>)</p>			
2.3.b	Community Restoration Program Refinements: OHA should enhance CRP data reporting from quarterly to more active regular contemporaneous reporting (and fund the needed infrastructure to do so) so that reports can be generated as needed by OHA.	<p>1. Identify which of requested data points are already being collected by OHA, and how often they are being collected</p> <p>1.1 – Receive reports from data warehouse</p> <p>2. Complete first draft of changes needed to capture all requested data points on a monthly basis and submit to relevant parties for approval</p> <p>2.1 – Consult with Health Policy and Analytics and Datawarehouse team to ensure feasibility of draft. (<i>Completed as of 11/1/23</i>)</p> <p>2.2 – Build data structure in Datawarehouse to ingest OJD data (<i>Completed as of 1/31/25</i>)</p> <p>2.3 – Request and receive data</p> <p>2.4 – Evaluate data quality of data</p> <p>2.5 – Coordinate with OJD to address identified data quality issues</p>	9/15/23 5/31/25	Complete In Progress	N/A <p>There was a delay with receiving the test data from OJD. The team has recently received the test data the week of 12/16. The team has verified and built the data pipeline by the first week of February. Following this step, the team will work on the reporting layer.</p> <p>The team will coordinate with OJD to receive data.</p>

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		<p>3. Initiate processes needed to make identified changes to CMHP CRP reporting structure</p> <ul style="list-style-type: none"> 3.1 – Create draft reports for use by Behavioral Health staff and aggregated for use on the Mink-Bowman website 3.2 – Schedule meeting with relevant contract administrator to determine steps needed to ratify changes, as well as the timeline for ratification <p>4. OHA to develop initial report with OJD Community Restoration data</p> <ul style="list-style-type: none"> 4.1 – Draft reports from the Data Warehouse in consultation with Health policy and Analytics 4.2 – Present to BHD leadership and Neutral Expert and incorporate feedback 4.3 – Present finalized report to the parties and Neutral Expert 	6/30/25	In Progress	This milestone is dependent on CMHP contract renewal which happens in June 2025.
2.3.c	Community Restoration Program Refinements: OHA should produce an annual report on CRP activities for public access to inform further legislative needs for communities to best deliver CRP services, inform proposals for legislative change, resource needs, and inter-relationships of stakeholders involved with CRP	<p>1. Onboard OHA contractor to complete annual report</p> <ul style="list-style-type: none"> 1.1 – Coordinate with governance team to begin contract process. 1.2 – Review PDES Report for potential recommendations for short legislative session. 1.3 – Define scope of annual report. 1.4 – Complete contracting and begin work with contractor <p>2. Complete initial annual report</p> <ul style="list-style-type: none"> 2.1 – Collaborate with contractor to provide required information and subject matter expertise required for them to draft report (Completed as of 6/10/24) 2.2 – Review report drafts and get leadership approval 2.3 – Present annual report to Dr. Pinals and parties 	4/30/24 2/14/25	Complete In Progress	N/A Delay due to delay in data agreement with OJD and due to temporary staffing reduction. The report was provided to Dr. Pinals on 2/12/25. Dr. Pinals has provided feedback, which OHA is responding to.

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
2.3.d	<p>participants and the courts.</p> <p>OHA in collaboration with OSH should foster best practices in Aid and Assist and community restoration through collaborative training opportunities across counties and in consultation with OJD, municipal courts, defense, and prosecution, by offering trainings/community of practice opportunities.</p> <p>Community Restoration Program Refinements:</p> <p>OHA in collaboration with OSH should foster best practices in Aid and Assist and community restoration through collaborative training opportunities across counties and in consultation with OJD, municipal courts, defense, and prosecution, by offering trainings/community of practice opportunities.</p>	<p>1. Implement trainings on Community Placement Services and Supports, Levels of Care determinations (includes CR manual content)</p> <p>1.1 – Identify and develop training plan (<i>Completed as of 12/15/24</i>) 1.2 – Develop and refine training materials 1.3 – Identify initial training dates through outreach 1.4 – Complete initial trainings 1.5 – Collect feedback and provide FAQ post initial training</p> <p>2. Implement trainings on the legal process of A&A and GEI/PSRB populations for SUD Providers</p> <p>2.1 – Identify and develop training plan (<i>Completed as of 12/15/24</i>) 2.2 – Develop and refine training materials 2.3 – Review and Confirm training materials and plan with partners (DOJ/Judge)</p>	5/15/25	In Progress	<p>Recommendation Milestone rewritten below as on 1/29/25 Dr. Pinals agreed with the proposed plan to rewrite this recommendation to speak to the additional trainings that are being developed.</p> <p>Recommendation Milestone rewritten below as on 1/29/25 Dr. Pinals agreed with the proposed plan to rewrite this recommendation to speak to the additional trainings that are being developed.</p> <p>N/A – Milestone established as of February 2025</p>
			8/15/25	In Progress	N/A – Milestone established as of February 2025

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
		<p>2.4 – Identify initial training dates through outreach</p> <p>2.5 – Complete initial training</p> <p>2.6 – Collect feedback and provide FAQ post initial training</p>			
		<p>3. Implement trainings on competency restoration and forensic evaluations</p> <p>3.1 – Identify and develop training plan (<i>Completed as of 01/13/25</i>)</p> <p>3.2 – Develop and refine training materials</p> <p>3.3 – Identify initial training dates through outreach</p> <p>3.4 – Complete initial training</p> <p>3.5– Collect feedback and provide FAQ post initial training</p>	8/15/25	In Progress	N/A – Milestone established as of February 2025
2.4	Alternative Pathways for Misdemeanant Defendants: With regard to defendants charged with misdemeanors in the AA process, OHA/OJD/DRO/M PD should make every effort to work collaboratively with stakeholders to identify	<p>1. Analyze data trends for individuals charged with misdemeanors that are sent OSH.</p> <p>1.1 – Gather data from OSH/OJD</p> <p>1.2 – Develop draft data summary</p> <p>2. Convene partners at focused meetings to explore potential alternative pathways (Partner participants to be determined after hearing on 3/12 and 3/13.)</p> <p>2.1 – Conduct initial meeting with partners</p> <p>2.2 – Schedule two follow up meetings</p>	3/11/25	In Progress	Please find the update milestone language.
			4/31/25	Not Started	N/A – Milestone Language established as of February 2025

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	alternatives that no longer utilize OSH when there is no real Government interest in pursuing prosecution and work to pursue avenues for alternative community plans for these individuals. Beyond training, analyze data trends for individuals charged with misdemeanors sent OSH to allow for further recommendations in this matter including legislative fixes that may provide pathways to alternative access to treatments for these populations.	3. Draft recommendations from meeting discussion around alternative pathways for misdemeanants.	4/11/25	Not Started	N/A – Milestone Language established as of February 2025
2.5	OSH Patient Care Improvement and Community Engagement: OHA should explore all available means to obtain funding for one OSH data	<p>1. Submit request to the legislature prior to 2023 legislative session via POP 402</p> <p>1.1 – POP 402 was not supported by the legislature; however, OSH did receive approval for 10 positions, one of which is a research analyst 3</p> <p>2. OSH to bring staff on</p> <p>2.1 – Continue to move the 10 positions approved by the legislature through</p>	6/30/23 9/01/24	Complete Complete	N/A On 1/29/25, State provided an update on the status of this recommendation and Dr. Pinals agreed to mark this milestone and recommendation as complete.

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	analyst and two OSH data integration specialist positions to support Mink/Bowman treatment discharge approaches, community connections, and data reporting.	classification and compensation stage of recruitment. (<i>Completed as of 3/20/24</i>) 2.2 - Initiate recruitment for the manager positions in partnership with Equity and Inclusion Division (Manager will recruit and hire team members with leadership support) (<i>Completed as of 10/01/24</i>) 2.3 - Positions likely to start			On 1/29/25, State provided an update on the status of this recommendation and Dr. Pinals agreed to mark this milestone and recommendation as complete.
2.6	OHA shall expand Home CCO enrollment to align with the 2 years of continuous eligibility for individuals under an AA competency restoration order under the following scenarios: <ul style="list-style-type: none">• Community restoration (no OSH stay)• OSH discharge to community restoration• OSH discharge to jail and with monitoring for release to reinstate Medicaid	1. Complete 1115 waiver CE negotiations with CMS regarding 2 years of continuous eligibility 1.1 - Complete CMS post protocol negotiations 1.2 - Finalize post approval protocols between state and CMS 2. Develop enrollment processes for eligible individuals who are exiting OSH/carceral systems 2.1 - Assess OSH CCO enrollment pilot with Lane co. and Springfield jails 2.2 - Complete process development based on analysis report developed in recommendation 1.B.11 2.3 - Develop a process for a warm handoff for individuals who meet Medicaid eligibility but either not eligible for CCO enrollment or choose not to enroll into a CCO	7/01/23 6/31/25	Complete In Progress	N/A

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#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
	eligibility and CCO enrollment or FFS care coordination	Additionally, OHA shall provide a warm handoff to Fee for Service care coordination for individuals who meet Medicaid eligibility but either not eligible for CCO enrollment or choose not to enroll into a CCO.			
3.B (1 st half)	Tracking legislatively appropriated funding: The State should continue to update website to provide information about behavioral health spending.	This work is ongoing and does not have planned milestones	Ongoing	Ongoing	N/A

Mink-Bowman: Project Tracker of Neutral Expert's Recommendations

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status	Reasons for Change
3.B (2 nd half)	Tracking legislatively appropriated funding: OHA should continue in regular meetings to discuss implementation of legislatively appropriated funds that have the potential to help OHA achieve compliance, to address remaining questions about prior spending decisions and to foster planning for ongoing support of the above recommendations to achieve compliance.	This work is ongoing and does not have planned milestones	Ongoing	Ongoing	N/A